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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/126,003 03/24/1999
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**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 05/25/2000

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /LENA NAJARIAN/ Examiner's signature	<input type="checkbox"/> Met after Allowance LN Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 25	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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TITLE
 Cardiovascular healthcare management system and method

FILING FEE RECEIVED 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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